



## A REVIEW OF LITERATURE OF TUNDIKERI WITH SPECIAL REFERENCE TO MUKHROGA

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### INTRODUCTION

Ailment is the inseparable companion of life and with ailments spring simultaneously, the desire which soon turns into the effort to heal and it is this effort, whether primitive or advanced that has gone by the name of Medicine in every country.

Ayurveda, the science of life is as old as the very existence of living organisms so that the means of survival was always a matter of quest for them and will always be. Ayurveda is one of the most ancient systems of life, health and cure. This system of knowledge flourished through over 3000 years and has had an unbroken tradition of practice down the ages update. It is a highly evolved and codified system of life and health science based on its own unique and original concepts and fundamental principles. The fame of Ayurveda spread far and wide and that Ayurvedic treatment still holds the field in spite of so many advances in modern sciences.

Kaumarabhritya is one of the eight branches of Ayurveda dealing with child health care. The horizon of Kaumarabhritya, dealing with child health care is vast. Kashyapa, the father of Ayurvedic paediatrics has given prime importance to this branch among eight branches of Ayurveda. Kashyapa Samhita, the treatise on Ayurvedic Paediatrics covers major aspects of child care.

Tundikeri is one of the common prevalent diseases which generate morbid conditions during seasonal variations in a maximum number of children during the first few years of life. The incidence of this disease is about 7% of all visits to the pediatrician. Repeated episodes of infection are often seen through the disease if not managed properly, which later even interferes with the growth and development of child. Even with the advent of newer antibiotics the incidence of such recurrent attacks and chronicity of the disease is mounting day by day. Though surgical excision is the current treatment option it is not the ultimate solution for recurrent episodes of such infections. In spite of this, immunological role of tonsils in preventing infections, complications involved with the tonsillectomy and age factor also to be considered against tonsillectomy. Though the immunological functions are as yet not totally understood, lymphocyte production is an established function of tonsil. The immunological role of the tonsil and adenoid is to induce secretory immunity and to regulate the production of secretory immunoglobulins. Situated at the opening of the pharynx

to the external environment, the tonsils and adenoid are in a position to provide primary defense against foreign matter. Thus there is a need for an effective conservative management for Acute Tonsillitis (Tundikeri) without surgical intervention.

### MATERIAL AND METHOD CLASSICAL REVIEW

#### Ayurvedic Perspective

Tundikeri is described under Mukharogas (Diseases pertaining to oral cavity) hence review of Mukha (Oral cavity) with special focus on Talu (palate) and Kantha (throat) is absolutely essential because Susruta considered Tundikeri under Talugata Roga (diseases of Palate) while Vagbhata described it under Kanthagata Roga (Diseases of Throat).

#### Mukharoga an Overview

Description, classification, location and numbers of mukharogas vary from one classic to other.

- According to Sushruta Samhita Mukharogas are 65 occurring on 7 Adhistanas (locations)
- According to Ashtanga Hridaya Mukharogas are 75 with 8 Adhistanas
- According to Yogaratnakara they are 67 on 7 Adhistanas
- Acharya Charaka has not mentioned Mukharogas separately.

Among these Tundikeri is included under Talugatarogas in Susruta Samhita, Madhava Nidana, Yogaratnakara, Gada nigraha and Bhavaprakasha. It is included under Kantha Rogas in Astanga Hridaya, Astanga Samgraha, and Sharangadhara Samhita.

## TUNDIKERI

### Etymology (Nirukti)

The word Tundikeri is made up of two words i.e. Tundi and Keri. Tundi means Mouth and Keri means location (Pradesha). So in total Tundikeri refers to the disease that occurs in the region of mouth.

In Ayurveda, diseases are named after considering certain criteria that are very much related. Sometimes they are named after the pre-dominant Dosha and Dushya viz., Rakta - Pitta, Vata - Rakta ; on the basis of similes e.g. Shleepada, Kroshtukasheersha; anatomical structures e.g. Hridroga, Shiroroga; colour of the body viz. Pandu, Kamala and based on pain as in Shirashoola and Parinamashoola and so on. Tundikeri is named after its resemblance with Vana Karpasa (cotton fruit). Dalhana commented on the word 'Tundikeri' as Shotha resembling the shape of Karpasa Phala (Cotton Fruit). In Amarakosha also Tundikeri refers to Karpasa Phala.

### Synonyms

Tundikeri, Tundikerika are used synonyms as Sushruta named as Tundikeri whereas Vagbhata named as Tundikerika.

### Nidana (Aetiological factors)

Various etiological factors vitiate the 'Doshas (Body humours)'. The stage of cumulation of 'Dosha' in its own site of predominance is called 'Chayavastha'. It is followed by 'Prakopa'- excitement of 'Doshas'. The overflowing of vitiated 'Doshas' from their own Sthana (site) is 'Prasara'. In the 'Sthanasamsraya' stage 'Doshas' accumulate in specific regions of the body and manifest signs and symptoms of the disease. 'Doshas' interact with body elements in the 'Vyakti (conspicuous)', and manifest as disease specific signs and symptoms. 'Bhedavastha (differentiate)' is the last in which the disease become chronic and manifest as irreversible changes.

Acharyas have not mentioned the specific causes for the manifestation of Tundikeri. But the common aetiology mentioned in the context of Mukharoga is applicable for Tundikeri as well. Vagbhata has given elaborated version of common aetiological factors in the Mukharoga context of Astanga Hridaya. Madhavakara has given brief version of the same. These aetiologies can be divided into Aharaja Hetus (dietary causes) and Viharaja Hetus (causes related with regimens).

### Aharaja-Hetus (Dietary causes)

Continuous usage of excessive fish, meat of buffalo, pork, uncooked 'Mulaka', soup of black gram, curd, milk, 'Suktha', sugar cane juice, 'Phanitha' is said to

produce Mukhrogas by vitiating Doshas predominantly Kapha in the region of Mukha.

### Viharaja- Hetus (Causes related with Regimens)

It includes sleeping with face down (Avaksayanam), Avoidance of cleaning of teeth (Dantadhavana) and improper administration of therapeutic procedures like 'Dhoomapana', 'Vamana', 'Gandoosha' and 'Raktamokshana'. By these causes the Doshas with predominance of 'Shleshma' get aggravated and produce diseases inside the mouth. Avaksayanam - Adhomukha Shayanam (sleeping with face downwards) is mentioned as one of the Sannikrusta Nidana (proximal cause) i.e., factor where the person who always sleep with head low position usually become victims of this ailment due to obstruction to the Srotas (channels). Consequently there is hindrance to the free flow of saliva which leads to accumulation of waste materials (Malasanchaya).

Proper brushing (Dantadavana) and gargling (Kavala / Gandoosha) brings Laghutwa (lightness) and Visadatwa (cleanliness) of mouth. It is essential to maintain the oral-hygiene so Acharyas advised Gandoosha as a daily routine after Dantadavana. Avoidance of this leads to Srotorodha (obstruction of channels) which causes improper drainage of Kapha, leading to Malasanchaya (accumulation of morbid substances). This will further leads to Kapha Dusti (vitiating) thus resulting in the manifestation of Mukharoga. Poor oro-dental hygiene and congested surroundings are considered as the predisposing factors for Tundikeri.

### Samprapti Ghatakas (Components of Pathophysiology)

- ✚ Nidana : Kapha and Rakta Prakopaka Ahara and Vihara
- ✚ Dosha : Kapha, Rakta
- ✚ Dushya : Rasa, Rakta, Mamsa
- ✚ Srotas : Rasavaha, Raktavaha, Mamsavaha
- ✚ Agni : Jataragni, Dhatwagni mandya
- ✚ Srotodusti : Sanga and Sira Granthi
- ✚ Roga marga : Bahya
- ✚ Udbhava sthana : Amashaya
- ✚ Adhistana : Antarmukha

### Poorvaroopo (Prodromal symptoms)

As such prodromal symptoms of Tundikeri are not explained in any text. But as Tundikeri is a disease characterised by Shotha (Inflammation), prodromal symptoms of Shotha can be taken in to consideration here; which includes localised increased temperature (Ushma) preceded by vascular congestion (Sirayama) where the Shotha is to occur.

### Roopa (Signs and Symptoms)

As per Charaka, common symptoms of Shotha includes localised heaviness (Gourava), elevated swelling (Utsedha), increased temperature (Ushma), vasodilatation (Siratanutvam), horripulation (Lomaharsha) and discolouration (Angavivarnata).

Kashyapa has explained the general signs and symptoms of a child suffering from Mukharoga (diseases of the oral cavity) in Vedanaadhyaya (Chapter on signs and symptoms of various kinds of painful conditions in Children). According to him in diseases of oral cavity there will be excessive salivation, aversion to breast, dullness and pain, child ejects the ingested milk and nasal breathing. The child suffering from throat- pain (Kantha Vedana) and facial palsy (Ardita) ejects the ingested milk, suffers from constipation on taking substances having predominance of Shleshma, has mild fever, anorexia and languor.

Specific symptoms of Tundikeri are explained by Susruta and Vagbhata. According to Sushruta, Tundikeri is characterized by large cystic swelling (Sthula Shopha) associated with pricking pain (Toda), burning sensation (Daha) and suppuration (Prapaka). Dosha involvement is as that of Galashundika i.e. 'Kapha' and 'Rakta'.

#### Causes for Chronicity of a disease

- ✚ Leenavastha of Dosha (deep seated).
- ✚ Apathya Sevana (improper dietary and non dietary habits) during Vyadhimuktavastha (convalescence period).
- ✚ Krichrasaadhya Vyadhi (diseases which are difficult to cure).
- ✚ Incomplete treatment of a disease.

#### Saadhyaasadyata (Prognosis)

According to Sushruta Tundikeri is Shastra Sadhya Vyadhi (Curable by surgical method of treatment) i.e. Chedana Karma (Excision). Yogaratnakara is also having similar opinion. According to Astanga Hridaya, Tundikeri is Ousadhi Sadhya (Curable with medical management). Dalhana describes that Shastra Karma applicable here is Bhedana. In Astanga Sangraha, Lekhana Karma is indicated.

#### Chikitsa (Treatment)

Kantha (Throat) is the path of Prana Vata hence Vagbhata has given due importance on immediate management of Kantharoga (diseases of throat) which may otherwise leads to fatal outcomes due to impairment in normal respiration.

#### According to Sushruta treatment principles of Tundikeri is as follows;

1. Shashtra Karma (Surgical Excision)
2. Post surgical measures – Includes
  - a) Pratisarana (Local application of Medicine) over the excised area with powders of Maricha, Ativisha, Patha, Vacha, Kushta, Kutannata mixed with honey and Saindhava Lavana (Rock salt).
  - b) Kavala (Mouth gargling) with Kashaya (decoction) prepared out of Vacha, Ativisha, Patha, Rasna, Katurohini and Nimba.
  - c) Dhuma (Inhalation of Fumes) with Varti made of Ingudi, Apamarga, Danti, Sarala and Suradaru

which is then well flavoured by the addition of perfuming drugs. Twice in a day, the patient should be made to inhale which have the property of Kapha Shamana (alleviates).

- d) Yusha (Soup) prepared of Mudga (green gram) boiled in alkaline water.

According to Vagbhata treatment principles are as follows; Common line of management of Kantharogas (Diseases of throat) is also applicable to Tundikeri as well which includes;

- a) Raktamokshana (Bloodletting).
- b) Teekshna Nasya (Errhine Therapy)
- c) Internal administration of decoction (Kashaya) made of Darvi, Twak, Nimba, Tarkshya and Kalinga or decoction (Kashaya) made of Hareetaki mixed with honey is also recommended.
- d) Pratisarana (rubbing) or Kavala (gargling) with Gulika (tablet) or Kashaya (decoction) made of Shreshta, Vyosha, Yavakshara, Darvi, Rasanjana, Patha, Tejovathi, Nimba, Saktu and Gomutra respectively.
- e) Lepana (local application) with lukewarm paste prepared of Nichula, Katabhi, Musta, Devadaru, Mahoushadha, Vacha, Danti and Murva.

#### REFERENCES

1. Raja Radha Kanta Deva, Shabda Kalpadruma, 3rd Edition, 1967, Part 3, P.No.734.
2. Amarasimha, Amarakosha with the Ramasrami (Vyakyasudha) commentary of Bhanuji Diksita (Ramasrma), 3rd Edition, 1997, Dvitiya Kanda, Manushya varga(6), Verses –89.
3. Susruta, Susruta Samhita, 1st Edition, 1998, Nidanastana - 16/ 2.
4. Vagbhata, Astanga Hridayam, 1st Edition, 2006, Uttarastana - 21/64.
5. Susruta, Susruta Samhita, 1st Edition, 1998, Nidanastana -16/ 2-3.
6. Vagbhata, Astanga Hridayam, 1st Edition, 2006, Uttarastana - 21/ 64-65.
7. Yogaratnakara with Vidyotini hindi commentary by Vaidya Laxmipati sastri, 2nd Edition, 1973, Page. No. 289 /3- 4.
8. Susruta, Susruta Samhita, 1st Edition, 1998, Nidanastana - 16/42, Dalhana commentary.
9. Amarasimha, Amarakosha, 3rd Edition, 1997, Dvitiya Kanda, Vanoushadi varga (4) Verses -116.
10. Susruta, Susruta Samhita, 1st Edition, 1998, Nidanastana - 16/40.